



IBS West Coast Regional Convention - November 22-23-24, 1985  
Sainte Claire Hilton Hotel - San Jose, California

### EXHIBITOR REGISTRATION FORM

Exhibitor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

( ) Record Company  
( ) Equipment Supplier  
( ) Program Syndicator  
( ) Publication  
( ) Other: \_\_\_\_\_

Please register our company as an Exhibitor for the 1985 IBS West Coast Convention.  
Our completed Exhibitor Agreement is attached and fees indicated below are enclosed:

Basic Fee (as described in Exhibitor Agreement)

Extra Exhibit Space (subject to availability)

Total: \$ \_\_\_\_\_

The following are the names of anticipated exhibit personnel representing our company:

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Our exhibit will consist of: ( ) Floor Exhibit/Table      ( ) Hospitality Suite

Any special arrangements needed: (may be at Exhibitor's expense)

Terms and conditions are shown in Exhibitor's Agreement, which is to be completed and returned with this form and your payment check to:

KFJC - Foothill College  
12345 El Monte Road  
Los Altos Hills, CA 94022

(415) 960-4260

Note: All hotel room arrangements, including hospitality suites and sleeping rooms are to be made directly with the Sainte Claire Hilton hotel. Convention room rates and information supplied upon request.